Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

P14

WOMEN'S EXPERIENCES OF PUBLIC ABORTION STORY SHARING ON SOCIAL MEDIA

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Objectives: Social media campaigns have mobilized online audiences to share their abortions to combat stigma. However, the individual impact of and risk entailed by publicly sharing one's experience online are not well-characterized.
Methods: We contacted individuals with public social media (Twitter/Instagram) postings about their abortion from 2010 through 2020 to participate in an anonymous survey. We identified posts via hashtags: #ShoutYourAbortion, #IHadAnAbortion, #YouKnowMe, and #1in4. We collected sociodemographic characteristics and asked open-ended questions about motivations, as well as positive and negative impacts of sharing. We analyzed qualitative items via inductive and iterative coding to characterize salient themes.
Results: 90 out of 316 story-sharing individuals across the United States completed the survey. Most were over the age of 30 and college educated. The majority waited several months before posting their story. More than three-quarters rated their experience as good or very good (79%) and expressed high likelihood of sharing again (78%). Participants shared their stories to combat stigma (50%) and help others (28%). Positive outcomes of sharing included feeling connected with the online community (43%) and receiving support (28%). About one-fifth expressed concerns about online harassment (23%) and physical harm (22%); 37% experienced online harassment, and several individuals received threats of physical harm (8%) or death (5%). Neither online harassment nor threats influenced respondents' willingness to share again ($p>0.05$).
Conclusions: Individuals who share their abortion stories on social media have mixed experiences of connection with and contempt from the online community. Nevertheless, more than three-quarters rated their experience as positive and would share again.

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P15

WHAT LOGISTICAL BARRIERS DO NORTH CAROLINA COLLEGE STUDENTS FACE IN OBTAINING MEDICATION ABORTION?

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Objectives: We sought to describe the travel distance and time, cost, and wait time to first available appointment for North Carolina (NC) students seeking a medication abortion at the closest abortion-providing facility.
Methods: We conducted a descriptive study to identify all colleges and universities in NC and the closest clinics providing medication abortion care to each. We used ArcGIS to calculate travel distance and time. We used a mystery caller technique to determine the cost and wait time between initial clinic contact and medication abortion appointment. We projected the total monthly demand for medication abortion, travel costs, and proportion of clinics accepting health insurance.
Results: 21 clinics were identified as being the nearest to NC's 111 colleges and universities. 5 (5/21; 24%) were located in neighboring states. The average round-trip travel distance was 58 miles. Mean travel time was 84 minutes by car, and 336 minutes by public transportation, where available. Average round-trip travel cost was $89.48 for rideshare and $12.40 for private vehicle. Mean cost of medication abortion was $450. The average wait time to appointment was 6days, which includes NC's 72-hour mandatory delay. Two-thirds of clinics did not accept any health insurance for medication abortion. We projected that 151 NC college students would seek medication abortion services each month.
Conclusions: College students in NC face many barriers to abortion. Policy options that reduce these barriers should be supported. The provision of medication abortion at student health centers would reduce these barriers.

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P16

EXPLORING THE IMPACT OF COVID-19 ON GESTATIONAL AGE AT THE TIME OF ABORTION: AN INTERRUPTED TIME SERIES ANALYSIS IN SOUTHWEST CALIFORNIA

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Objectives: Despite efforts to maintain accessibility of abortion services during the COVID-19 pandemic in Southwest California, we hypothesized that additional barriers, such as financial hardships, shelter-in-place orders, or confusion about availability of services could impact the gestational age (GA) at which people present for abortion care.
Methods: We conducted an interrupted time series analysis (ITSA) of patients presenting for abortion between August 1, 2019 – October 31, 2020 at Planned Parenthood of the Pacific Southwest across clinics in Imperial, Riverside and San Diego Counties, where abortion care was minimally disrupted by COVID-19. We compared mean GA per week during the 8 months before and after the statewide shelter-in-place order on March 20, 2020, which mandated limiting healthcare to essential services.
Results: Of 22,200 abortions during the study period, 10,483 (47.2%) occurred after March 20, 2020. Demographic factors such as age, race/ethnicity, and obstetric history were largely unchanged over the study period. The weekly mean GA was similar in the 8 months before and after the mandate (7.54 vs. 7.32 weeks, $P<0.001$). The ITSA model showed a slight decrease in mean GA after the mandate (trend -0.24 weeks, standard error 0.004, $P<0.001$).
Conclusions: Findings demonstrate that accessing abortion services was not delayed beyond one week in Southwest California during the COVID-19 pandemic. This suggests that health systems should be prepared to provide abortion care during public health crises. Research on best practices for clinics to remain operational during disease outbreaks is needed to ensure safe and uninterrupted access to essential reproductive healthcare.

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P17

MISUNDERSTANDING ABORTION LEGALITY AND TRIMESTER OF PRESENTATION FOR ABORTION CARE

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Objectives: To explore whether believing abortion is illegal affects trimester of presentation for abortion services.
Methods: Beginning in May 2020, we recruited patients from abortion clinics in Ohio, West Virginia and Kentucky to complete an online survey about their experiences seeking abortion. Questions included demographic information, gestational stage, and whether they thought abortion was legal in their home state prior to seeking care. We collapsed legality responses into two categories: believing abortion was legal or sometimes legal ("legal") vs. illegal or unsure of abortion's legal status ("illegal"). We first examined demographic factors associated with respondents' beliefs about abortion legality. We then used unadjusted logistic regression to examine links between believing abortion is illegal and presentation in the second trimester (>13 weeks gestation).
Results: Among 1,299 respondents surveyed to date, 22% believed abortion was illegal. Younger age ($p=0.02$), less education ($p<0.01$), lower income ($p=0.02$), non-white race ($p=0.02$), Hispanic ethnicity ($p=0.04$) and residence in Ohio ($p=0.05$) were each correlated with believing abortion was illegal. Patients who initially believed abortion was illegal were somewhat less likely to present in the second trimester (OR: 0.7, 95% confidence interval (CI): 0.4-1.1).
Conclusions: Patients who already face barriers to care because of age, race/ethnicity, education, income and state of residence are also more likely to believe that abortion is illegal. However, those who initially believe abortion is illegal appear somewhat less likely to present for care in the second trimester, perhaps due to fears of being denied access.

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P18

WHAT DOES DR. GOOGLE SAY ABOUT MEDICAL ABORTION? A COMPREHENSIVE SURVEY OF THE ACCURACY, ACCESSIBILITY AND COMPLETENESS OF MEDICAL ABORTION INFORMATION ON THE WEB

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Objectives: To examine the reliability, readability, completeness, and accuracy of medical abortion websites.
Methods: Using Google Keywords, we created a list of websites with common search strategies for medical abortion information. We evaluated websites using the DISCERN criteria for assessing website credibility, information completeness and accuracy based on the ACOG Practice Bulletin [correct regimen, gestational age limits, side effects, complications, and abortion reversal], accessibility using the Flesch-